

PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

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## **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT**

Application Number	09/693,733
Filing Date	10/21/00
First Named Inventor	SUGGS, Robert
Group Art Unit	2162
Examiner Name	RECEIVED
Attorney Docket Number	RECEIVED
,	, a

To:	<b>Assistant Commissioner for Patents</b>			
	Washington DC 20231			

Technology Center 212(00)

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has requested that no further legal work be preformed. Applicant has failed to pay attorney for legal work.

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	spondence address and direct all future o					
<u></u>	CORRESPONDENCE ADDRE				>= Number	
Customer Number				Place Customer Number Bar Code Label here		
OR						
Firm or Individual Name	Robert Suggs, Amerisale					
Address	4111 Medical Parkway			· · ·		
Address	Suite 210				T	
City	Austin	State	Texas	ZIP	78756-3726	
Country	USA					
Telephone	512-451-3004	Fax_	<u>512-451-</u>	<u>-4110</u>	·	
This request is enclosed in trip						
Name RG	K B. YEAVER					
Signature Lu	h B. 4ex-					
Date 3/2					<u> </u>	
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period for response or possible extension period, the request to withdraw is normally disapproved. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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To:	Assistant Commissioner for Patents			
	Washington, DC 20231			

Technology Center 2100

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1. The correspondence	ce address is NOT affected by this witho	drawal.			
2 X Change the corres	spondence address and direct all future o	correspo	ondence to:		
	CORRESPONDENCE ADDRE	ESS		Custome	er Number
Customer Number			Bar Code Label here		
OR					
Firm or Individual Name	Robert Suggs, Americale				
Address	4111 Medical Parkway				
Address	Suite 210		Τ_	ZIP	78756-3726
City	Austin	State	<u>  Texas</u>	<u>  415_</u>	110130-3121
Country	USA	Fax	512-451-	-4110	
Telephone	512-451-3004	Fax	11/ 2/1		
This request is enclosed in tri	iplicate.				
Name R	CK B. YEAVER				
Signature Ly	h B. 4eg-				
Date 3/	u/ol	1			
NOTE: Withdrawal is effectiv Unless there are at least 30	ve when approved rather than when received days between approval of withdrawal and the extension period, the request to withdraw	u. ne expirati v is norma	ion date of a tinally disapprove	ne d.	

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